



APPENDIX F REQUEST *eVA* USER DEACTIVATION

Name of individual submitting this form _____

Phone number _____ Email Address _____

Agency Number and Abbreviation	Required	
User Id	Required	
First Name	Required	
Last Name	Required	
E-Mail Address	Required	
PCARD - Does the user have a PCard that needs to be removed from their account?	Yes or No	
Custodial Care - Does this user account need to be reassigned to someone to complete Receiving or change orders? Custodial Care will not occur until account has been deactivated for 24 hours List below the User ID, first name, last name and email of the individual being granted custodial care of the account.	Yes or No	
	Required	
Is this user an Expenditure Limit Approver for other eVA users? If yes - Must submit request to update users that are impacted and change the Expenditure Limit Approver to an active eVA account and User ID of the new approver.	Yes or No	
Is this user a Supervisor for other eVA users? If yes - Must submit request to update users that are impacted and account and User ID of the new change the Supervisor.	Yes or No	
Does this user have any Approval Roles assigned? If yes - Must submit request to update user(s) impacted and the User ID for the new Approval Roles	Yes or No	
Additional eVA Applications that require deactivation. If yes - Additional forms are required to be completed	Check all that are required	<input type="checkbox"/> Future Procurements <input type="checkbox"/> eVA Billing DashBoard
Authorized signature required if mailed or faxed		_____ Signature